EARLY HEAD START
TIP SHEET
No. 27
Screening Infant/Toddler Behavioral Skills, October 2007

What are "behavioral skills" in infants and toddlers? How do we screen them?

In collaboration with each child's parent . . .grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), *behavioral*, motor, language, social, cognitive, perceptual, and emotional skills.

- Head Start Program Performance Standards 1304(b)(1)

Response:

Very young children use behavior to:
- communicate their needs and feelings,
- establish important connections with the people around them, and
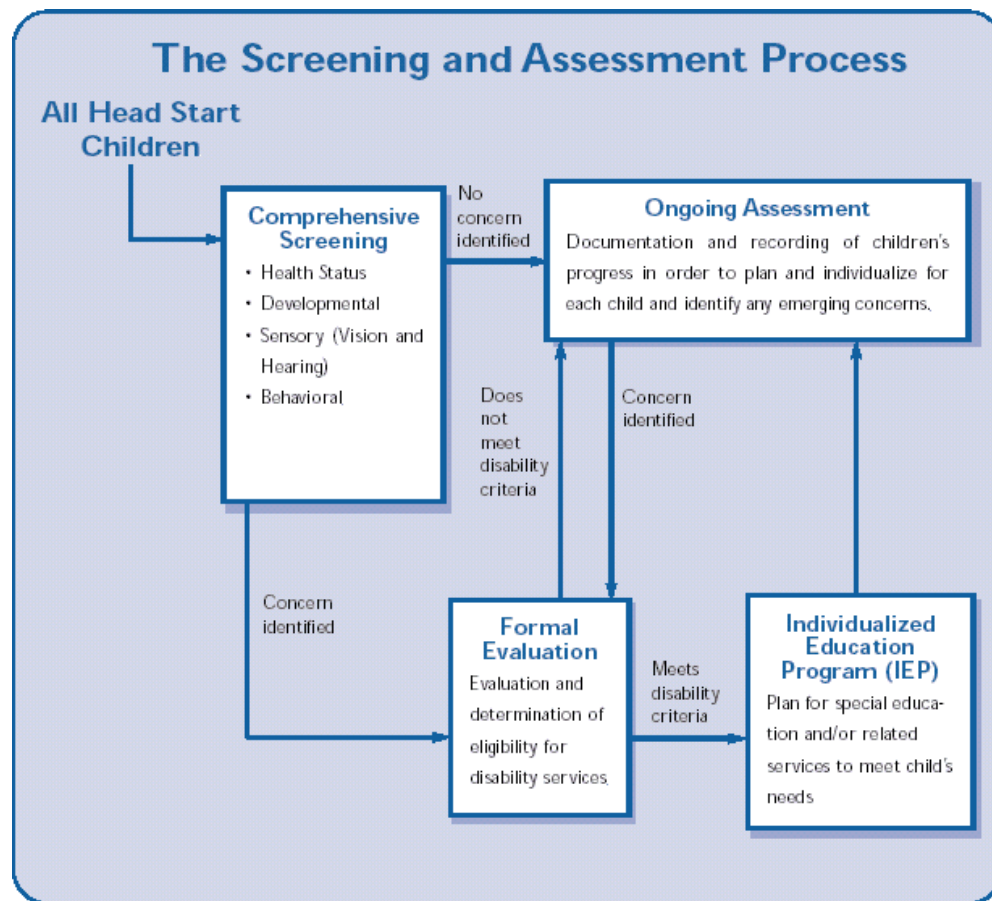- learn about the world and how the world responds to them.

Developmentally, infants and toddlers will often use aggression, defiance and other behaviors sometimes linked with behavioral concerns in older children as they discover socially appropriate behaviors (or "behavioral skills"). It is critical to know when these behaviors are developmentally appropriate for children, and when they are unusual. While infants and toddlers rarely have full-blown symptoms of behavioral concerns, early screening provides an opportunity to identify subtler signs of developing problems. For example, a staff person might be concerned about an infant who cannot tolerate being comforted when she cries, or who cannot meet an adult's gaze. Early identification allows staff to support families in getting help at a time when children are developing attachments and a sense of themselves in the world. **While this kind of screening is called by many names, for infants and toddlers, it is equivalent to screening their social and emotional development.**

Screening is the first step in a process of learning about a child. The flow chart below describes the screening and assessment process described in the *Head Start Program Performance Standards.*

Screening behavioral skills, then, is for the purpose of identifying children with suspected behavioral concerns, and promptly referring them for a professional evaluation. It is a part of a program's larger approach to screening. In keeping with the *Head Start Program Performance Standards* and guidance from the Office of Head Start, screening must:

- involve many sources of input,
- include opportunities for families to share their observations and insight
- incorporate staff observations of the child's activity and responses to others
- make it possible for staff to make consistent decisions about who is referred for further testing,
- be "linguistically . . . appropriate," and "to the greatest extent possible . . . must be sensitive to the child's cultural background." (1304.20(b)(1)), and
- be built with "direct guidance from a mental health or child development professional on how to use the findings to address identified needs" (1304.20(b)(2).

While the *Standards* do not require the use of any specific tools, standardized screenings are helpful in ensuring the consistency of referral described above. Many standardized instruments also include opportunities to collect both staff and family observations.

The Screening and Assessment Process

All Head Start Children

Comprehensive Screening
- Health Status
- Developmental
- Sensory (Vision and Hearing)
- Behavioral

No concern identified

Ongoing Assessment
Documentation and recording of children's progress in order to plan and individualize for each child and identify any emerging concerns.

Does not meet disability criteria

Concern identified

Concern identified

Formal Evaluation
Evaluation and determination of eligibility for disability services.

Meets disability criteria

Individualized Education Program (IEP)
Plan for special education and/or related services to meet child's needs

Reprinted from O'Brien, 2001, 23.

Questions to Consider for Planning and Programming:

- What is the program's comprehensive screening process or approach to screening? What is the program's current approach to behavioral screening? How is behavioral screening a piece of the screening process?
- How does the program involve a mental health or child development professional in designing a screening process and understanding screening information?
- How does the program's approach incorporate direct observation of a child's behaviors?
- How does the approach include family observations and insights?
- How is information on a child's interaction with family members, peers, primary caregivers and strangers observed and captured? How do these observations factor into the screening?
- Overall, what criteria does the program use to determine who should be referred for a behavioral evaluation? How does the program ensure that the criteria used are consistent across different children and different staff who are making the referrals?

Recommended practice in behavioral screenings with young children

The *Standards* require that screenings be completed quickly after a child's entry into the program. Within the allotted time, staff should work to earn the trust of the children and families they serve. As children become more comfortable with staff and new settings or routines, they will feel freer to exhibit their skills through play and daily interactions, and possible concerns will become more evident. For meaningful results on screenings, observe children in the presence of family members and/or familiar caregivers.

> For most programs, the *Standards* require that screenings occur within the first 45 days of a child's entry into the program. For programs with durations of 90 days or shorter (including many Migrant and Seasonal Head Start programs), those screenings must occur within the first 30 days of the child's entry.

It is critical to ensure that families feel comfortable with the process. Use the following strategies to explain, interest and involve families in behavioral screenings:

- Talk with families about what you are doing. Behavioral screenings can, understandably, be threatening. If families seem unwilling to participate, continue to provide information over time.
- Explain the purpose of screening, and assure them that this is part of a process of learning about their child. When used appropriately, simple charts of developmental milestones can demonstrate for parents that screenings help staff understand a child's skills so that they can plan meaningful activities for him or her
- Answer any questions they may have.
- As you screen, check your observations with family observations.
- Help them recognize the many things they do to support their children's social and emotional development.
- If there are concerns, partner with families in making referrals.

Related considerations:

- How does the program's process ensure that children are not challenged in the screening by separation from familiar caregivers? How do the screening processes take into account the impact of unfamiliar people and surroundings on a child's behavior and performance on screening tasks?
- How does the program inform families about behavioral screening? How are parent and staff observations documented and included in the screening process? How does the program partner with families in making referrals? How are parents' concerns documented and addressed?

The role of staff in the screening process

All staff involved with screening should have a clear understanding of the entire screening process. In selecting screening tools, consider the training and certification required for staff who use and interpret them. This is a critical element in ensuring that tools work as they are designed. Even if staff do not need special education or certification to use the tools, they should

understand how to use each tool and the purpose for each activity or question. This training not only informs staff participation, it gives them the information they need to explain the tool and process to families. To the extent possible, staff who are screening children should be able to speak and understand a child's home language, and be able to interpret a child's behaviors in the context of the child's culture and community.

Related considerations:

- Which pieces of the behavioral screening process are the responsibility of particular staff?
- What training do staff receive?
- Are staff appropriately trained or certified to use and interpret the screening tools?
- Are children screened by staff familiar with their home language and culture?

Community characteristics

> Screening procedures must be "linguistically . . . appropriate," and "to the greatest extent possible . . . must be sensitive to the child's cultural background."
>
> *- Head Start Program Performance Standards* 1304.20(b)(1).

In designing the program's approach to behavioral screening, carefully consider the cultural and linguistic makeup of the community and any special social and emotional concerns that are prevalent in the area:

- Use a screening translated into a child's home language whenever possible.
- Consider whether the tool reflects the cultural norms in your community. Some communities value individuality and independence in their children, for example, while others value a sense of teamwork and connection. A screening that measures whether a young child uses a spoon independently may be inappropriate to use in a community where a child is spoon-fed by caregivers until older ages.
- Look at the populations that the authors used to standardize a tool. Do they reflect the cultural makeup of your community?
- If you cannot find social and emotional screenings that are standardized with the population you serve, it is especially important to consider how you will use parent input and observation and the expertise of your staff and mental health professional to implement and interpret results in culturally sensitive ways.

In developing a screening process appropriate to your community, involve community partners, including early interventionists and mental health providers who will receive referrals when there are concerns. Their input in determining how and when referrals are made not only enhances communication between agencies, it can also cut down on repeat procedures for children and families as they progress through evaluations. In addition, community partners who are familiar with the population you serve will be able to help you consider the cultural appropriateness of tools and your screening approach.

Related considerations:

- Are there particular mental health concerns that are prevalent in the community? If so, what are they?
- Is the behavioral screening linguistically appropriate for the families in the program?

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- How has the program ensured that, to the greatest extent possible, the behavioral screening is sensitive to the child's cultural background?
- Which community partners can take referrals for social and behavioral concerns? What screening processes do they recommend? How will the program plan to communicate screening findings (with parental consent) and make referrals?
- Do your Policy Council and/or Health Advisory Board have recommendations for identifying community partners and developing a behavioral screening process?

Selecting tools

The *Head Start Program Performance Standards* do not require programs to use a standardized, reliable, and valid screening instrument in behavioral screening. However, tools are often a key piece of ensuring that a screening approach appropriately and consistently identifies children who can benefit from further evaluation. If the program does decide to use a published tool(s), carefully consider which tool(s) you select. In general, a tool must be designed and standardized for use with infants and toddlers. Ensure that the tool is for the explicit purpose of screening and not for more in-depth assessment or evaluation. Consider the reliability and validity of the tool, and whether it was tested on the specific population that you serve. Once you select a tool, follow the instructions precisely, and continue to evaluate its effectiveness over time.

Related considerations:

- Is this, in fact, a screening tool (rather than a tool for assessment)?
- How was the tool standardized, and with what populations? Is there clear information about reliability and validity for this tool in identifying children for further evaluation for social, emotional, and behavior concerns?
- What ages is the tool designed for?
- Is the tool clear, understandable, and easy to use within the structure of the program?

Performance Standards, Title 45, Code of Federal Regulations:

- 1304.20(b)(1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills.
- 1304.20(b)(2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.
- 1304.(b)(3) Grantee and delegate agencies must utilize multiple sources of information of all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's behavior.

Resources:

Early Head Start National Resource Center (EHS NRC). **Technical Assistance Paper, 4: Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs.** DHHS/ACF/ACYF/HSB. 2000.

EHS NRC. **Technical Assistance Paper, 10: Strategies for Understanding and Managing Challenging Behavior in Young Children: What is Developmentally Appropriate – and What is a Concern?** DHHS/ACF/ACYF/HSB. 2006.

Meisels, Samuel and Sally Atkins-Burnett. **Developmental Screening in Early Childhood: A Guide, 5th Ed.** Washington, DC: National Association for the Education of Young Children. 2005.

O'Brien, Jim. **"How Screening and Assessment Practices Support Quality Disabilities Services in Head Start."** *Head Start Bulletin,* 70: Screening and Assessment in Head Start. DHHS/ACF/ACYF/HSB. (2001): 21–24.

Printz, Phillip, Amy Borg and Mary Ann Demaree. **A Look at Social, Emotional, and Behavioral Tools for Head Start and Early Head Start.** Boston, MA: Education Development Center. 2003. http://ccf.edc.org/PDF/screentools.pdf (accessed August 14, 2010).

Sosna, Todd and Ann Mastergeorge. **Compendium of Screening Tools for Early Childhood Social-Emotional Development**. Sacramento: California Institute for Mental Health. 2005. http://www.cimh.org/downloads/The%20Infant,%20Preschool,%20Family,%20Mental%20Health%20Initiative%20Compendium%20of%20Screening%20Tools%20for%20Early%20Childhood%20Social-Emotional%20Deve.pdf (accessed August 14, 2010).

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This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.